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RELEASED IN FULL

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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	2. DATED
2. AMENDMENT/MODIFICATION NO. M002	3. EFFECTIVE DATE 09/24/2008	4. REGISTRATION/PURCHASE REQ. NO. AQ 1044805091	5. PROJECT NO. (if applicable)
6. ISSUED BY OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219	CODE LMAQM NAME Comptroller Pilsa TEL. 703-875-6011 EMAIL PilsaC@state.gov	7. ADMINISTERED BY (if other, insert name & title)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, state and ZIP Code) STANLEY ASSOCIATES INC 3101 WILSON BLVD STE 700 ARLINGTON, VA 22201-4445		9. AMENDMENT OF SOLICITATION NO. 10. DATED (SEE ITEM 11) 11. MODIFICATION OF CONTRACT/ORDER NO. SAQMMAD8F4285 12. DATED (SEE ITEM 13) 04/11/2008	
CONTACT Jonathan Barker CODE 144202843		DUNS 144202843 FACILITY CODE 99100	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 18, and returning copies of this amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by view of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter includes reference to the solicitation and the amendment, and is received prior to the specified hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

\$2,050,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(d).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Increase Funding

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return copies with this shipment.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF action headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to increase funding by \$2,050,000.00. The previous order total was \$7,000,000.00. The new order total is \$9,050,000.00.

Except as provided herein, all terms and conditions of this document are referenced to Item 9A or 10A, as hereinafter changed, amended, unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Reaver Clements
15C. CONTRACTOR/OFFEROR	15D. UNITED STATES OF AMERICA
15E. DATE SIGNED	15F. DATE SIGNED 09/24/2008
(Signature of person authorized to sign)	(Signature of Contracting Officer)

NSN 7540-01-182-8078
Previous edition obsoleteSTANDARD FORM 30 (REV. 10-83)
Prescribed by GSA FPMR (41 CFR) 101-11.6

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

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Line Item Summary	Contract Number: SAQMMA08D0051	Order Number: SAQMMA08F4265	Title: Task 6 Funding for CPC Operational Support	Total Funding Change: \$2,050,000.00	Date of Order: 03/24/2008
Line Item No.	Description	Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$2,050,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 6 as follows:				
001	<p>Base Year for Passport Services Domestic Support</p> <p>Contract No: SAQMMA08D0051 period of performance through March 19, 2009 for Task 6 Charleston Passport Center Operational Support. CLIN No. 0010.</p> <p>Doc Ref No: 1044805081</p> <p>Taxes Included:</p> <p>Delivery Date: 03/20/2008 (Start to End) Date: 03/20/2008 to 03/19/2009 FOB: Destination</p> <p>Funding Information:</p> <p>Accounting Ref: 1044805081</p> <p>1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 281559</p> <p>Original Total: \$1,000,000.00</p> <p>Change Total: \$0.00</p> <p>\$1,000,000.00</p> <p>Accounting Ref: 1044805081</p> <p>1900 - 2008 - - 19 X0113000Y - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 281559</p> <p>Original Total: \$6,000,000.00</p> <p>Change Total: \$0.00</p> <p>\$6,000,000.00</p> <p>Accounting Ref: 1044805081</p> <p>1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 281559</p> <p>Original Total: \$0.00</p> <p>Change Total: \$2,000,000.00</p> <p>\$2,000,000.00</p>	1.00 0.00 1.00	LT	\$7,000,000.00 \$2,000,000.00 \$9,000,000.00	\$7,000,000.00 \$2,000,000.00 \$9,000,000.00
002	<p>Travel (CLIN 0011)</p> <p>Doc Ref No: 1044805081</p> <p>Taxes Included:</p> <p>Delivery Date: 03/19/2008 FOB: Destination</p> <p>Funding Information:</p> <p>Accounting Ref: 1044805081</p> <p>1900 - 2008 - - 19 X01130006 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 281559</p> <p>Original Total: \$0.00</p> <p>Change Total: \$50,000.00</p> <p>\$50,000.00</p>	0.00 1.00 1.00	LT	\$0.00 \$50,000.00 \$50,000.00	\$0.00 \$50,000.00 \$50,000.00
GTM for this effort: Tim Wiesnet					
Previous Total:				\$7,000,000.00	
Modification Total:				\$2,050,000.00	
Grand Total:				\$9,050,000.00	

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AC-1044805081-03/21/2008105515401/March 20, amendment to Task 6.pdf	03/21/2008	10

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01INV

Invoice Instructions

12/21/2007

Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation: (1) Name and Address of the Contractor

- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)

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Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Voice 843-202-3761

Fax 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-202-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov Phone: 877-704-9473 Toll Free

(End of clause)

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